

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Time Share Program  
335 Merchant Street, P.O. Box 3469  
Honolulu, Hawaii 96801

TIME SHARE BOOTH APPLICATION

Name of Applicant \_\_\_\_\_

RB License No.: RB \_\_\_\_\_ OR Acquisition Agent Registration No.: TSA \_\_\_\_\_

Name of Principal Broker (if applicable) \_\_\_\_\_

Name of Responsible Managing Employee (if applicant is an Acquisition Agent) \_\_\_\_\_

Address of Principal Place of Business \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Location and Complete Street Address of Time Share Booth \_\_\_\_\_

\_\_\_\_\_ Tax Map Key \_\_\_\_\_

Attach and submit the following to DCCA:

1. Plot plan, drawn to scale;
2. Floor plan, drawn to scale;
3. Photograph of proposed time share booth;
4. Letter of authorization from property owner;
5. Release letter from prior registered broker, if applicable.
6. \$100 Fee (make checks payable to "Department of Commerce and Consumer Affairs")

**NOTE: Items 1-5 must also be submitted to the County.**

As the applicant for a Time Share Booth, I hereby certify the following:

1. That I have confirmed with the County that the booth and its location as indicated complies with the zoning code of the county;
2. That the information provided on this form is true and correct; and
3. That there are no material omissions.

I understand that any misrepresentation of information is grounds for the denial of this application, license revocation, suspension or the imposition of a fine (§514E-12, HRS).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Oahu:**  
City and County of Honolulu  
Dept. of Land Utilization  
Plan Review Branch  
650 South King St.  
Honolulu, HI 96813  
(808)523-4132

**Maui:**  
County of Maui  
Planning Department  
250 South High St.  
Wailuku, HI 96793  
(808)270-7253

**Kauai**  
County of Kauai  
Planning Dept.  
4444 Rice St.  
Suite 473  
Lihue, HI 96766  
(808)241-6677

**Hawaii**  
County of Hawaii  
Planning Dept.  
25 Aupuni St.  
Hilo, HI 96720  
(808)961-8288

This material can be made available for individuals with special needs.  
Please call the Time Share Administrator at 586-2709 to submit your request.

App ..... 623 .....\$50  
Reg ..... 620 .....\$50  
Service Fee ..... BCF .....\$15